

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

2006 OCT -3 PM 2: 06

(Instructions on back of application)

SECRETARY TO

	(man donon a on page	STATE OF NUAHO
1.	The name of the limited liability com	
	KBB, LLC	party to:
2.	The street address of the initial regis	stered office is:
	39 E State Ave Meridian, ID 83642	2
	and the name of the initial registered	
	and the name of the initial registered	agent at the above address is:
	Jodi Poeppe	
3.	The mailing address for future corres	pondence is:
	39 E State Ave Meridian, ID 83642	2
4.	Management of the limited liebility	
-7.	Management of the limited liability co	
	Manager(s) or Member(s)	(please check the appropriate box)
5.	If management is to be vested in one	Or Moro manager/a) tistable and a
5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the		1206r. If management is to be vested in the
	member(s), list the name(s) and addr	ress(es) of at least one initial member.
	Name	Address
	l- at D	
	Jodi Poeppe	39 E State Ave Meridian, ID 83642
6		
6.	Signature of at least one person response	Possible for forming the limited liability company:
S	Signature of at least one person responsionature:	
S T	Signature of at least one person responsionature: Jodi Poeppe	
S T	Signature of at least one person responsionature:	
S T C	Signature of at least one person responsionature: yped Name: Jodi Poeppe apacity: Owner	
S T C	Signature of at least one person responsionature: yped Name: Jodi Poeppe apacity: Owner ignature	
S T C S T	Signature of at least one person responsionature: yped Name: Jodi Poeppe apacity: Owner	Secretary of State use only